

**Montana WIC Program
Zero Income Statement**



I _____ verify that I have zero income (I am neither currently employed nor have income from another source) as explained to me by the Montana WIC staff.

My housing is paid by: _____

My food is paid by: _____

My utilities are paid by: _____

I attest that if I knowingly falsify information in order to receive benefits, I am subject to disqualification from the Montana WIC Program.

I was encouraged by WIC staff to apply for assistance through Medicaid, SNAP and/or TANF as soon as possible.

I understand that I will only receive one month of benefits.

Participant's Signature

Date

WIC Staff Signature

Date

Staff Justification:

**This form must be signed and scanned into all household members' files.
This form is only valid for one month.**